PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Redu	ction Act of 199	5 no persons are rec	quired to res	U.S. Pater cond to a collection	nt and Tradem on of informati	ark Office; U.S. DE ion unless it displays	PARTMENT OF COMMER a valid OMB control num	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009				Complete if Known				
				Application Number 10/567,420				
				Filing Date April 4, 2007				
				First Named In	ventor Jo	Joseph Kennedy		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Nam		Stanetta D. Issac		
				Art Unit		2812		
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorney Docket No. H0004729.86489 USA -4780				
METHOD OF PAYME	NT (check al	I that apply)						
CheckCredit	Card	Money Order	None	Other (please identit	īy):		
✓ Deposit Account	Deposit Accour	nt Number: 50097	7	Deposit A	ccount Name	Buchalter Ne	emer	
For the above-iden	ntified deposit	account, the Direc	tor is herel					
✓ Charge fee(s) indicated b	elow		Char	ne foo(s) ind	icated halour eve	ept for the filing fee	
Charge any	additional fee	(s) or underpayme	ents of fee(. —	t any overpa		sept for the ming lee	
under 37 CF ARNING: Information on the	FR 1 16 and 1	17		. [4] 01601				
formation and authorization	n on PTO-2038	L. Cred	it card intor	mation should n	ot be include	d on this form. Pre	ovide credit card	
FEE CALCULATION								
. BASIC FILING, SEA								
	FILING	FEES Small Entity	SEARC	H FEES Small Entity	EXAMIN.	ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pald (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
EXCESS CLAIM FE	ES						Small Entity	
Fee Description Each claim over 20	(including D	-1				Fee (\$)	Fee (\$)	
Each independent cl						52	26	
Multiple dependent		including Keisst	ies)			220 390	110 195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)						0.0		
- 20 or HP =	EAGU OILIII	X 100141	=	ard 141		Fee (\$)	endent Claims Fee Paid (\$)	
HP = highest number of total	al claims paid fo	r, if greater than 20.				100101	ree raid (4)	
indep. Claims	Extra Clain	s Fee (\$)	Fee Pa	ild (\$)				
- 3 or HP = HP = highest number of inde	nandaat alaima	_ X	-					
APPLICATION SIZE	FEE							
If the specification and	drawings e	xceed 100 sheet	s of paper	(excluding el	lectronical	ly filed sequenc	e or computer	
listings under 37 C	FR 1.52(e))	the application	size fee d	ue is \$270 (\$	135 for sm	all entity) for ea	ach additional 50	
sheets or fraction t	Extra Shee	35 U.S.C. 41(a)	(1)(G) and	137 CFR 1.16 dditlonal 50 or	5(s). Fraction th	ereof Fee (\$	S D-1-1(6)	
- 100 =	EXTU ONCE	/50 =		ound up to a w			Fee Paid (\$)	
OTHER FEE(S)						.,		
Non-English Specifi	cation, \$1						Fees Paid (\$)	
Other (e.g., late filin	g surcharge)	: Informat	ion Di	sclosure	Stateme	nt	180.00	
BMITTED BY	,	(1) VIII						
nature /	111	HE WAX XYIA	, Rec	gistration No.		Toloph		
- P(V)	uu -	11144111	LUTAN	mey/Agent) 46	,264		949-224-6282	
me (Print/Type) Sandra P	Thompson	- 1				Date Dece	ember 7, 2010	

This collection of information is required by 3T CFR 1.138. The information is required to obtain or retain a bornel by the guidate, which is to file (and by the USFT 0b process) an application. Condendeality is operanted by 5U SC 1.22 and 3T CFR 11.4. This collection is estimated to lead 30 intrates to loc complete, including gathering, preparing, and submitting the completed application form to the USFT 0. Three will vary depending more that the complete the completed application form to the USFT 0. Three will vary depending more that complete the form and/or suggestions of revicing this business, should be sent to the Chief Information Officer. U.S. Pleated and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Abexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TOT 0. Commissioner for Patterts, P.O. Box 1450, Abexandria, VA 22313-1450.

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